

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09784,254

FILING DATE
02-16-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
9	/						59					
10		/					60					
11		/					61					
12		/					62					
13	/						63					
14		/					64					
15		/					65					
16		/					66					
17		/					67					
18		/					68					
19		/					69					
20		/					70					
21	/						71					
22		/					72					
23		/					73					
24		/					74					
25	/						75					
26		/					76					
27		/					77					
28		/					78					
29		/					79					
30		/					80					
31		/					81					
32		/					82					
33	/						83					
34		/					84					
35		/					85					
36		/					86					
37	/						87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	7											
TOTAL DEP.	30	↓			↓			↓			↓	
TOTAL CLAIMS	37											